

## Washington D.C. Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
THE DISTRICT	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-				•			85	•
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		97	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•			
		Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Standard Plan		•					\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
	Elder Health Mid-Atlantic, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•						\$33.46	\$33.46			•				94	•
		Elder Health Plus	•						\$35.00	\$0.00	•			•			94	•
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					•		\$45.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus Basic no D					•		\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D					•		\$49.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus High w/D					•		\$79.00	\$26.07	•			•	•		72	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			\$45.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		•					\$29.62	\$29.62	•			•			97	•